



## Occupational License Account Information Update Form Campbell County & Cities, Kentucky

Campbell County Fiscal Court • Occupational License Office • 24 W. 4<sup>th</sup> St. • Newport, KY 41071  
Phone: (859) 292-3884 Fax: (859) 292-3827 website: [www.campbellcountky.org/occllic.htm](http://www.campbellcountky.org/occllic.htm)

**FOR OFFICIAL USE ONLY** TXINFO

DATE KEYED \_\_\_\_\_

INITIAL \_\_\_\_\_

### READ CAREFULLY

### INSTRUCTIONS ON THE REVERSE

### PLEASE TYPE OR PRINT LEGIBLY

**THIS FORM MAY BE USED ONLY TO NOTIFY THE OCCUPATIONAL LICENSE OFFICE OF BUSINESS ADDRESS, TELEPHONE NUMBER AND OTHER BUSINESS INFORMATION CHANGES. IT IS NOT TO BE USED IN PLACE OF A LICENSE APPLICATION FORM.**

Complete And Remit With CC-3 CAMPBELL CO. & FORT THOMAS OCCUPATIONAL LICENSE FEE ANNUAL RETURN **OR**  
Mail to: Campbell County Fiscal Court Occupational License Dept., PO BOX 72958, Newport, KY 41072-0958

1. ACCOUNT ID#: \_\_\_\_\_

2. LEGAL BUSINESS NAME: \_\_\_\_\_

3. TRADE NAME or DBA (if other than #1 above): \_\_\_\_\_

### COMPLETE ANY BUSINESS INFORMATION CHANGES IN THE APPLICABLE SECTIONS BELOW:

4. Check One: ☐ Individual / Sole Proprietorship  
☐ LLP / Partnership (attach a list of general partners names, home addresses & SSN)  
☐ LLC (attach a list of managers and/or members, home addresses & SSN)  
☐ Corporation (attach a list of officers names, home addresses & SSN)  
☐ Not- for-Profit (attach documentation)

5. Federal ID No.  OR Social Security No.  (Individual/Sole)

#### 6. Primary Business Address or Corporate Headquarters: No P.O. Box

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

#### 7. Campbell County, Kentucky Business Location: No P.O. Box

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

#### 8. Mailing Address for Quarterly Payroll Withholding Forms (Employers Only):

\_\_\_ CHECK HERE IF THIS IS A PAYROLL COMPANY ADDRESS

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

#### 9. Mailing Address for Annual Return or Home Address for Individual/Sole:

\_\_\_ CHECK HERE IF THIS IS A CPA OR PAID TAX PREPARER

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

10. Is change of address the result of a change in business entity?

YES ☐

NO ☐

11. Is change of address the result of sale or acquisition of business?

YES ☐

NO ☐

12. Is change of address the result of change in accountant and/or payroll company?

YES ☐

NO ☐

#### 13. Signature of Person Completing Form

X \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

*Instructions for Completing the Occupational License Account Information Update Form*

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**INSTRUCTIONS:**

1. Fill in the Campbell County and Cities Account Identification Number.
2. Fill in the legal business name.
3. Fill in the trade name or the name the company will conduct business under in Campbell County, Kentucky.
4. Check the box that describes the form of business organization
5. Corporations, Partnerships, LLCs fill in the business Federal Identification Number, one number per box with no dashes or spaces.  
Individuals/Sole Proprietors fill in their Social Security Number, one number to a box with no dashes or spaces.  
**ALL EMPLOYERS MUST PROVIDE A FEDERAL EMPLOYER IDENTIFICATION NUMBER.**
6. Fill in the complete **primary** business address or corporate headquarters address with a contact person. No P.O. Box.
7. Fill in the complete **physical** address of the business location Campbell County, Kentucky (if applicable). No P.O. Box.
8. Fill in the complete **mailing** address to send **Quarterly payroll withholding forms (for employers only)**.
9. Fill in the complete **mailing** address to send **Annual Net Profit Return**. Fill in the complete **home** address of the individual or sole proprietor.
10. If the change of address resulted from a change in business entity, check yes.
11. If the change of address resulted from a change in the sale or acquisition of the business, check yes.
12. If the change of address resulted from a change in accountant or payroll company, check yes.
13. **SIGNATURE BOX: The individual completing the form MUST sign and date the form. Please include a contact phone number. Thank you!**